Book review of Dumit, Joseph. 2012. Drugs for life: how pharmaceutical companies define our health. Durham: Duke University Press. 280 pp.

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Dumit, Joseph 2012. *Drugs for Life: How Pharmaceutical Companies Define Our Health*. Durham and London: Duke University Press, 280 pp., Pb.: $23.95, ISBN 978-0-8223-4871-9

One of the main protagonists of 21st century biomedicine is not sick, at least not yet. She or he is pre-symptomatic, perhaps pre-disposed and certainly 'at risk'. In *Drugs for Life*, Joseph Dumit accounts for the birth of a new statistical form of what he calls 'mass health' in America which is characterised by preventive treatment and knowledge of health through clinical trials. It is a style of medicine that is based on impermanent thresholds which are both divisive (as they corral ever more members of the general population into 'at risk' categories) and profoundly productive (generating a billion-dollar pharmaceutical industry intent on lowering thresholds and thereby increasing numbers of individuals who preventively take drugs for life).

Dumit's point of departure is straightforward: how can it be that millions of people in America take statins to lower cholesterol or anti-hypertensives to lower blood pressure on a daily basis despite little or no experience of symptoms? To answer this question he proposes what we might call a Canguilhemian-ethnography, which is to say an ethnography that seeks to account for "a transition from an old to a new notion of health" (p.8), that is from individual health to mass health. What I mean by this is that the object of ethnography is neither a certain group of individuals (as found in classic medical anthropological studies) nor a particular kind of technology (as found in STS-inspired studies), even if both are very much present in the analysis. Instead, Dumit's object of study is a particular notion of health or style of thought, or better yet, as he puts it the "naturalized logics" (p.18) of clinical trials and preventive treatment that configure mass health. The task has by no means been easy, as Dumit over the course of eight years has attempted to discern the logics of mass health among its producers, prescribers and users: at

pharma-conferences, through pharmaceutical advertisements and clinic trials data as well as through interviews with general practitioners and patients. This is assemblage (rather than multi-sited) methodology, which in itself raises questions about the extent to which the coherence of the book's analysis can be attributed to the field.

There are two key and inter-related findings in *Drugs for Life*. Firstly, Dumit identifies the processes through which new 'at risk' categories are produced as pharmaceutical companies calibrate large scale clinical trials to capture statistically significant treatment effects in the form of 'prevented' clinical events (e.g. heart attacks or strokes). Embedded in the very construction of such trials is the idea that one must treat many to help a few, the so-called numbers needed to treat (NNT). Simply put, in order to prevent a few strokes, hundreds of pre-symptomatic individuals must take for example statins on a daily basis. This of course makes a lot of business sense so once statistical significance has been established, pharmaceutical companies go to work on members of the public to make them 'risk aware', providing simple means of online self-diagnosis and encouraging them to talk to their doctors. In industry-jargon this is known as "conditioning the market for acceptance of new concepts" (p.64).

Secondly, Dumit charts what he calls 'objective self-fashioning', which he sees as those processes through which medical facts (such as a depression score or cholesterol threshold) come to be incorporated into the life of an individual who in turn comes to understand and act upon him or herself differently. The imperative to "know your numbers" coupled with adopted pharmaceutical lifestyles, Dumit argues, has led to new "modes of biomedical living" (p.182) which include expert patienthood (the 'ideal' patient who knows, monitors and acts upon his or her numbers), fearful living (the patient who is compelled by fear to adjust lifestyles) and playful living

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(the “shut up and give me my Big Mac”-type use of pharmaceuticals). We have on a hitherto unprecedented scale, it seems, become pharmaceutical selves.

While Dumit’s is a critical study of mass health in the poststructuralist sense of wanting “to make our common sense about health seem a bit strange” (p. 21), he is also surprisingly (perhaps) critical, if not frightened by the prospects, of mass health. The tension between these two forms of critique surface especially in his conclusion which reads as a pre-emptive set of frequently asked questions. As Dumit points out, the topic of his book is “deeply contradictory” (p.199); preventive medicine has certainly helped some (many?), but at what cost? Moreover, while Dumit’s argument of a shift from individual to mass health in America is compelling, and meticulously documented, we should not forget that millions of Americans and others continue to live, not just with risk, but with diagnosed diseases, with all the devastating consequences that can follow.

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